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## \*BIBDATASHEET\*

CONFIRMATION NO. 8492

Bib Data Sheet

|                             |                                       |              |                        |  |
|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>10/760,036 | FILING DATE<br>01/16/2004<br><br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>LDC-922-1B CIP |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/960,151 09/21/2001 ABN  
 which claims benefit of 60/215,160 09/21/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/21/2004

|   |   |                           |                        |                      |                            |
|---|---|---------------------------|------------------------|----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>DE | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>3 | INDEPENDENT<br>CLAIMS<br>1 |
| Verified and<br>Acknowledged                                | Examiner's Signature  Initials  |                           |                        |                      |                            |

## ADDRESS

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## TITLE

Mixing tip for dental materials

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| FILING FEE<br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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